

HURRICANE KATRINA COMMUNITY NEEDS ASSESSMENT FORM

Date: __/__/__ Interviewer Initials: _____ County _____

Address: _____ GIS Code: _____

Name of contact person: _____ (8) Telephone #: _____

Interview Assessment:

1. How many people lived in this residence before the hurricane? _____
2. How many people slept here last night? _____
 - a. How many were less than 2 years old? _____
 - b. How many were 65 years or older? _____
3. Do you have running water?..... Yes No Don't Know
4. Where are you now getting your drinking water? Well Public Bottled
 Relief Agency
5. Do you have electricity? Yes No Don't Know
6. Are you having a problem with mosquitoes?..... Yes No Don't
7. Does the indoor toilet work? Yes No Don't Know
8. If no, is another functioning toilet available?..... Yes No Don't Know
9. Do you have a working telephone?..... Yes No Don't Know
10. Do you have access to transportation? Yes No Don't Know
11. Do you have access to news (TV, radio, paper, etc.)? Yes No Don't Know
12. Are you using a generator?..... Yes No Don't Know
- 12a. If yes, where is the generator located? Inside Outside
13. Are you using a pressure washer?..... Yes No Don't Know
- 13a. If yes, where is the pressure washer used? Inside Outside

14. Was anyone injured in this residence because of the hurricane?
 Yes, how many? _____ No Don't Know
15. Has anyone in this residence gotten sick since the hurricane?
 Yes, how many? _____ No Don't Know
16. Has anyone in this residence sought medical care since the hurricane?
 Yes No Don't Know
- 16a. If yes, where did they go? _____
17. Has anyone if this residence been in a shelter? Yes No Don't Know
- 17a. If yes, where was the shelter? _____
18. Does any one in this residence now require medical care? Yes No Don't Know
 - Diarrheal Illness Number in residence _____
 - Respiratory Illness Number in residence _____
 - Rash Present Number in residence _____
 - Chronic Illness Number in residence _____
 - Emotional Illness Number in residence _____
19. Does everyone in the residence have enough prescribed medications for the next 3 days? Yes No Don't Know
20. Do you have access to enough food for everyone in the residence for the next 3 days? Yes No Don't Know
21. Are you having difficulty with trash disposal? Yes No Don't Know
22. Are emotional concerns, thinking, or memory problems preventing you from taking care of yourself or people depending on you? Yes No Don't Know
23. What is your greatest need at the moment?

